

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>9-20-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000260</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-27-06</i> <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/6/06, letter attached.</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:  
ARMED SERVICES  
INTERNATIONAL RELATIONS  
EDUCATION AND THE WORKFORCE  
HOUSE POLICY

Congress of the United States  
House of Representatives

September 19, 2006

*Rog- Riea*  
*"Robb's Sign"*

COUNTERS:  
AIKEN\*  
ALLENDALE  
BARNWELL  
BEAUFORT  
CALHOUN\*  
HAMPTON  
JASPER  
LEXINGTON  
ORANGEBURG\*  
RICHLAND\*  
(\*PARTS OF)  
ERIC DELL  
CHIEF OF STAFF

RECEIVED

SEP 20 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

RE: Ms. Rhonda Blalock  
SSN 251-43-7630

Dear Mr. Kerr,

I am writing to you on behalf of Rhonda who has contacted me regarding her health care. She has several chronic conditions. These conditions are not controlled due to the fact that she does not have any kind of health insurance. I have enclosed a signed Privacy Release allowing me to make this inquiry. Your kind assistance in helping her find some kind of medical care would be most appreciated

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

*JW*

JOE WILSON  
Member of Congress

JW/jmc  
Enclosure

MIDLANDS OFFICE:  
1700 SUNSET BLVD. (US 378), SUITE 1  
WEST COLUMBIA, SC 29169  
MAILING ADDRESS: P.O. BOX 7381  
COLUMBIA, SC 29202  
(803) 939-0041  
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4002  
(202) 225-2452  
FAX: (202) 225-2455  
E-MAIL: joe.wilson@mail.house.gov  
WEBSITE: www.house.gov/joewilson

LOWCOUNTRY OFFICE:  
903 PORT REPUBLIC STREET  
P.O. BOX 1538  
BEAUFORT, SC 29901  
(843) 521-2530  
FAX: (843) 521-2535

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:  
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HOUSE POLICY

# Congress of the United States House of Representatives

SEP 14 2006

COUNTIES:  
AIKEN\*  
ALLENDALE  
BARNWELL  
BEAUFORT  
CALHOUN\*  
HAMPTON  
WASHER  
LEXINGTON  
ORANGEBURG\*  
RICHLAND\*  
(\* PARTS OF)  
ERIC DELL  
CHIEF OF STAFF

## Consent for Release of Personal Records by Executive Agencies

Name of Agency: Medical CARE NO/INS

To whom it may concern:

I have sought assistance from Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Phonda Black MAY 3rd 1970  
Name of Claimant- (Please Print) Date of Birth

126 Suzanne Court Gaston, SC 29053  
Address of Claimant

251-43-7630  
Social Security Number

863-955-3743  
VA Claim # or OPM # (if applicable)

Telephone Number-Work

Telephone Number-Home

Phonda Black  
Signature of Claimant

Sept. 14, 2006  
Today's Date

Please briefly explain your concern: do not have  
(use the back if necessary)

ins any kind medical help

I can get.

MIDLANDS OFFICE:  
1700 SUNSET BLVD. (US 378), Suite 1  
WEST COLUMBIA, SC 29169  
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TOLL FREE 1-888-361-1442

260



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

October 6, 2006

Mrs. Rhonda Blalock  
126 Suzanne Court  
Gaston, SC 29053

Dear Mrs. Blalock:

Congressman Joe Wilson asked our agency to assist with your concerns regarding Medicaid eligibility and healthcare needs.

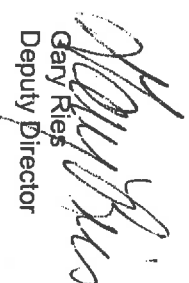
You are currently receiving Medicaid benefits through the Family Planning program that covers family planning and doctors visits that are related to family planning only. To qualify for full Medicaid coverage under a different category, you must meet financial and categorical requirements. We have enclosed information on our Aged, Blind, or Disabled program. This program is for disabled individuals whose income is under 100% of the Federal Poverty Level and who meet disability criteria. It appears you may be eligible based on your income; however, you must also meet resource guidelines and disability criteria. If you believe you may qualify for this program, please complete the enclosed application and return it to the Lexington County Medicaid Office. Their phone number is (803) 785-2975.

Another option is a Community Health Center. These facilities provide basic healthcare services to all residents in their coverage area without regard to income or insurance status. Their charges for medical services are based on your income. The center nearest you is Eau Claire Cooperative Health Center. Their telephone number is (803) 733-5969. Additionally, I encourage you to talk with your doctors about the possibility of getting assistance from the pharmaceutical companies that manufacture your medications and request samples of your prescription medications.

I have enclosed information on programs that may assist you in obtaining medical services, inpatient hospitalization and prescription medications at a reduced cost. These programs help individuals who don't qualify for Medicaid, have little or no insurance coverage, and cannot afford to pay for healthcare services.

I hope this information is helpful. Please contact Jennifer Dabbs at (803) 898-3965 if you have any questions.

Sincerely,

  
Gary Ries  
Deputy Director

GR/jod  
Enclosures



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

October 9, 2006

Robert M. Kerr  
Director

The Honorable Joe Wilson  
United States House of Representatives  
Midlands District Office  
1700 Sunset Boulevard, Suite 1  
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Mrs. Rhonda Blalock to our agency regarding her healthcare needs.

To qualify for Medicaid benefits, an individual needs to meet certain financial and categorical requirements. We have provided Mrs. Blalock with information on our Aged, Blind, or Disabled program and suggested that she apply for this program. This program is for disabled individuals whose income is 100% of the Federal Poverty Level.

We also mailed her information on a number of healthcare programs that may be able to assist with her medical and prescription needs.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. Kerr".

Robert M. Kerr  
Director

RMK/rod

Office of the Director

P.O. Box 8206 • Columbia, South Carolina 29202-8206

Phone (803) 898-2504 • Fax (803) 255-8235

<b>LEGISLATIVE LOG #</b>	0280
<b>LEGISLATOR/INQUIRER</b>	Joe Wilson
<b>CONSTITUENT</b>	Rhonda Blalock
<b>SSN</b>	251-43-7630
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	9/20/2006
<b>DATE DRAFT DUE GR</b>	9/26/2006
<b>LOG LETTER DUE DATE</b>	9/27/2006
<b>DATE REFERRED TO BC</b>	9/21/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	9/21/2006	Jill	8-3936	Gave the log to Mark to distribute (3:15pm)
	9/21/2006	Jill	8-3936	Log given to Jenny
	9/22/2006	Jenny	8-3965	Spoke with Mrs. Blalock. She says her husband brings home a gross income of apx. \$800 every 2 weeks, but this varies. Mrs. Blalock does not work. Husband's income is the only income received. She suffers from high blood pressure, liver enzymes, arthritis, she is diabetic. She says the list goes on and on.
	9/22/2006	Jenny	8-3965	Folder given to Mark.
	9/27/2006	Mark		to Gary
	9/28/2006	Jan	8-2502	Reviewed and to Gary
	9/29/2006	Jan	8-2502	Back to Mark - Gary's ? - Don't we have her income info if she is receiving FP?
	10/2/2006	Mark		back to Jennifer - questions from gary
	10/3/2006	Jenny	8-3965	To Mark-Questions addressed. See income info. above. Income info. in MEDS is from last year. Annual Review is due. Our HIPAA form was requested per legal. They would prefer us to use our form.

#### CHECKLIST

Family Size	
Income/Resources	

#### Other Resources:

Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

#### Programs:

ABD	(32)	
Foster Children	(31,80)	
General Hospital	(14)	
HCBWS	(15)	
LIF	(59)	
MBCCP	(71)	
Nursing Home	(10)	
OSS	(85,86)	
PHC	(88)	
Pregnant Women & Infants	(12,87)	
QMB	(90)	
SILVERxCARD	(92)	
SLMB	(48,52)	
SSI	(80)	
TEFRA	(57)	
Transitional	(11)	
Working Disabled	(40)	

#### Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.

Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)

If question about current status of a log letter, contact previous user.

Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.

Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker

4EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/22/06  
 MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: BLALOCK RHONDA G PAGE: 0001  
 HH NUMBER: 100489799 APL STATUS: ACTION TYPE: MAINTENANCE  
 ACTION DATE: 01/04/05

BG		NEXT		LAST		BG
S	NUMBER	CATEGORY	WORKER	CNTY	LOC	STATUS
-	38639777	PHC	FTATE	32	002	ACTIVE
-	15668928	FP	TAKES	47	055	ACTIVE
-	15581465	PHC	FTATE	32	002	CLOSED
-	18671260	LIF	FTATE	32	002	DENIED
-	38639763	LIF	FTATE	32	002	DENIED

UPDATED: USER ID: CWHIT DATE: 08/08/05 SYSTEM ID: HMS5000 DATE: 01/04/05  
 ME904675 HOUSEHOLD BUDGET GROUPS FOUND  
 PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION  
 PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00